

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

249

Registrar's No. 101

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUCHANAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST-JOSEPH</u>		c. LENGTH OF STAY (in this place) <u>OVER 30 YR.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST-JOSEPH</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1608-ST-JOSEPH-AM.</u>				d. STREET ADDRESS (If rural, give location) <u>1608 ST-JOSEPH-AM.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OLIVER</u>		b. (Middle) <u>T.</u>		c. (Last) <u>KERN</u>	
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>-21-</u>		(Year) <u>51</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>2-24-1879</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GRAHAM-TRUCK CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FREIGHT-DEPT.</u>		11. BIRTHPLACE (State or foreign country) <u>FAYETTEVILLE-IND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEO. W. KERN</u>		13b. MOTHER'S MAIDEN NAME <u>SUSEN STOTTS</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Maud Kern</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-09-4917</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maud Kern</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arterio sclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>334 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 15, 1950</u> , to <u>Jan. 21, 1951</u> , that I last saw the deceased alive on <u>Jan. 12, 1951</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. T. Bloomer</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1218 N 3rd St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>1/28/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ASHLAND Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ST-JOSEPH-MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stoney Funeral Home St. Joseph</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 13 1952

JUN 17 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Roy Stamer

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.